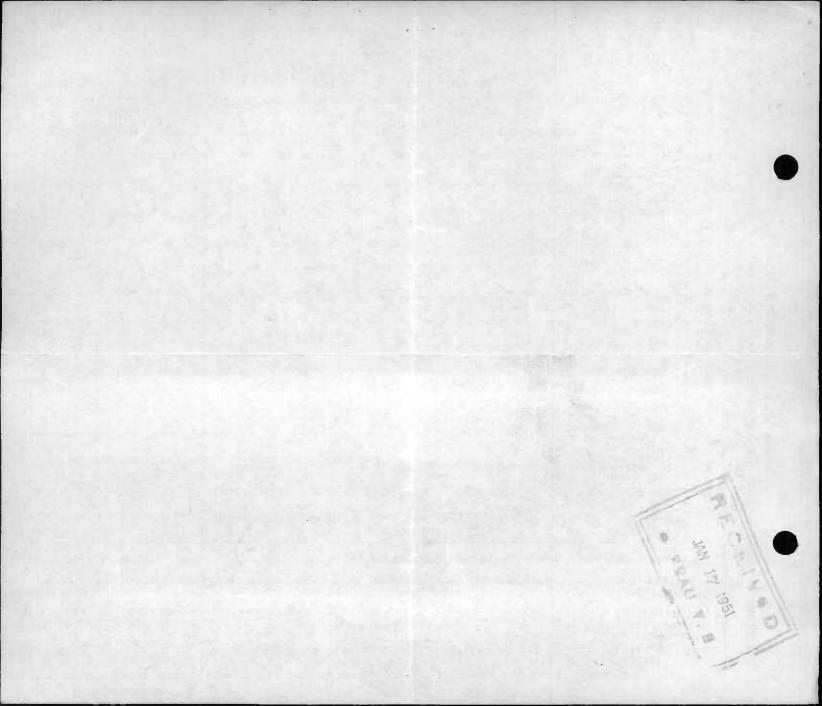
2411 N. Charles Street, Baltimore

	CERTIFICAT	'E OF DEATI	Reg. Dist. No	360
1. PLACE OF DEATH- COUNTY Somease	MARYLAND	2. USUAL RESIDENCE (HE STATE	COUNTY	resol
CITY (If outside corporate limits, write RUF OR give nearest town) TOWN	LENGTH OF STAY (in this place)	OR TOWN STREET	e limits, write RURAL and give	ve nearest tolvn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		ADDRESS	(If rural, give location)	
3. NAME OF DECEASED (First) (Type or Print)	(Middle)	A (Last)	4. DATE (Month) OF DEATH	(Day) (Year)
male cal.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Dan 12-18/8	b yrs.	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of rorking life, even if retired)		In BIRTHPLACE (State or	seta ma	COUNTRY?
13. FATHER'S NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCE	ST 16. SOCIAL SECURITY NO.	marie	Parka	4
(Yes, no, or unknown) (If year, give war or dates	of	17. INFORMANT AND A	Homes M	miton h
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	RTIFICATION	0	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Chronico D	nyocorditi.	\$	2 years
Antecedent cause(s) Old Diseases or conditions, if any, (b)				(/
giving rise to the above cause stating the underlying cause last (c)	***************************************			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea				
19a. DATE OF OPERATION 19h. MAJOR				Yes No
HOMICIDE OF	ACE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR TO		(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	JR1	
22. I hereby certify that I attended the				
alive on days 8, 1951., as	nd that death occurred at	ADDRESS from the c	auses and on the date st	ated above. DATE SIGNED
23. BURIAL CREMATION DATE	NAME OF CEMETE	Yourcess RY OR CREMATORY LO	Anno ton CATION (City, Jown, or count	1-15-51
DATE RECAS BY ACCAL TREGISTRARS	In terton	24. FUNERAL DIRECTOR	tration time	ADDRESS
REG. 1551 1.51	Johnson M.D	Charles	Horas	10
0	A.	82010	5 Michely	1 ma

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



M

The correct age

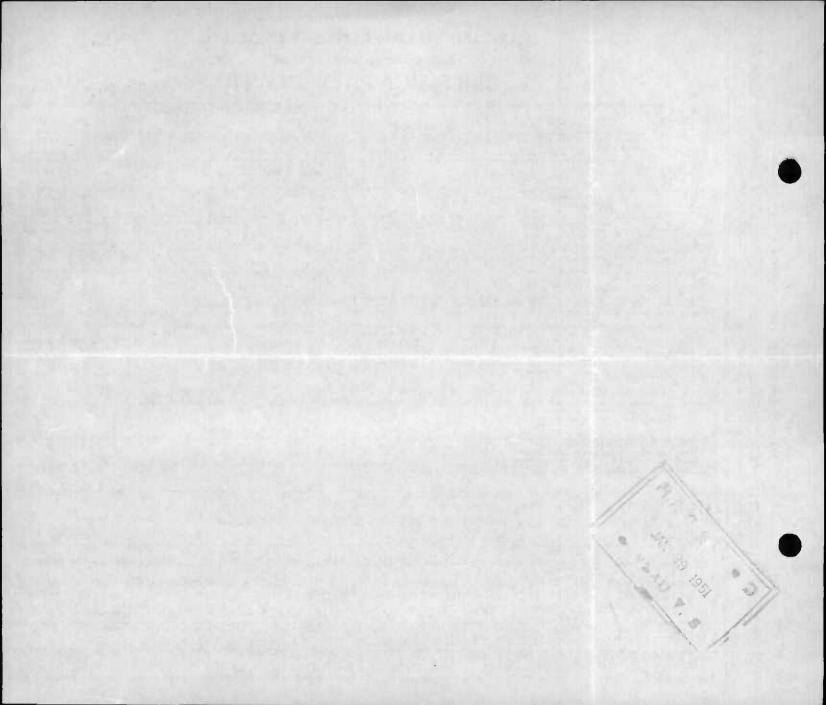
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE AT Yland Somer set County		
CITY (if outside corporate limits, write RURAL and CR givo nearest town) Crisfield (in this place) rs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gandy Avenue	STREET Gandy Aval rural, give location)		
3. NAME OF DECEASED (Type or Print) RANCE First) FRA NCHiddle)	DISE 4. DATE (Month) (Day) (Year) OF DEATH Jan. 21, 1951 19		
	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year Hours Min.		
10s. USUAL OCCUPATION (Give kind of work don't during goest of working life, even if retired) INDUSTRY OF BUSINESS OR INDUSTRY OF BUSINESS OR INDUSTRY OF BUSINESS OR	Holland Island, I.d. COUNTRY?		
Ephriam Price	14. MOTHER'S MAIDEN NAME Lean Ann Parks		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Informant land 1 Appress - Gandy Ave.		
18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH		
Cine	heal Harombaria 7 du		
Immediate cause (a)	war way		
Antecedent cause(s)	bral Thrombonia 7 days		
A STAINE LIBO TO THE WHOLE CHANGE	June January Comment		
stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
	Yes 🗆 No 🛠		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) NJURY (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY The Not Work At work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan /	5, 19 5/, to Am 2/, 195/, that I last saw the deceased		
alive on 20, 195/, and that death occurred at SIGNATURY. (Degree or title)	ADDRESS from the causes and on the date stated above.		
Olberta Malearmy Mattax M. D	. Crisfuld, md. Jan 22, 1951		
Sempyal Ispecify) Jan. 23, 1950 East New In	arket Cemetery Las New Larket. Md.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1-23-51 Better W. 1 4	Pradshaw Funeral Parlors, Cristield		



2411 N. Charles Street, Baltimore

6857

	ERTIFICAT	E OF DEAT	TH Re	g. Dist. No.	5
I. PLACE OF DEATH.	MARYLAND	2. USUAL RESIDENCE STATE	(HOME) OF DECE	ASED.	set
CITY (it muside corporate limits) write RURAL OR (ive ngarest lown) TOWN HOSPITAL OR		OR TOWN	ornte ligaita, write [a]	RAL and give neares	() Ma
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Cre	STREET	ty en	e location)	,
3. NAME OF DECEASED (Type or Print) (Type or Print)	(Middle) Com	municier	4. DATE OF DEATH	(Month) (Day)	(Year) 195/
1 TUM AXIS IN MINE	SINGLE, MARRIED. WIDOWED DIVORCED,	2/6/1762			If under 24 hrs Hours Min.
10s. ISUAL OCCUPATION (Give kind of work done during most of working life, every if retired) 11s. FATELER'S NAME	0b. KIND OF BUSINESS OR	Hawknus	sunt	COUNTY COUNTY	OP SWHAT
I seach au	gherty	14. MOTHER'S MAIDE	ella	ligh	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	1	12. IMPORMANT AND	w M.	Sterle	ries
I. DISEASES OR CONDITIONS DIRECTLY LE	/18. MEDICAL CE	KTIECATION		INTERV	AL BUTWEEN
Immediate cause (a)	evel of The	mbosia	• 8 • 1 • 1 • 1 • • • • • • • • • • • • • • • • • • •	2	2009
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause atating the underlying cause last	Thumbon	724	ly-	3	طرم
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	C	MAN TO THE REAL PROPERTY OF THE PARTY OF THE			
19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION				UTOPSY?
SUICIDE OF	(Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY) (S	No []
TIME (Month) (Day) (Year) (Hour) IN	NJURY OCCURRED Thile at Not While Work At work	HOW DID INJURY O	CCUR?		
22. I hereby certify that I attended the calive on 19.5%, and SIGNATURE.		1950, to 1950, to 1950, from the		the date stated al	
Sand m. Parto	Q.M _	beinfind		1/4.	151
23. BUMAL, CREMATION DATE THEREOF	Word	OWN	LOCATION City.	leman	ml.
DATE REC'D BY LOCAL MEGISTRAR'S SIGNED	W. Telen	21. FUNERAL DIRECT	NOR LICE	rue Ba	ex md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



MARGIN RESERVED FOR BINDING

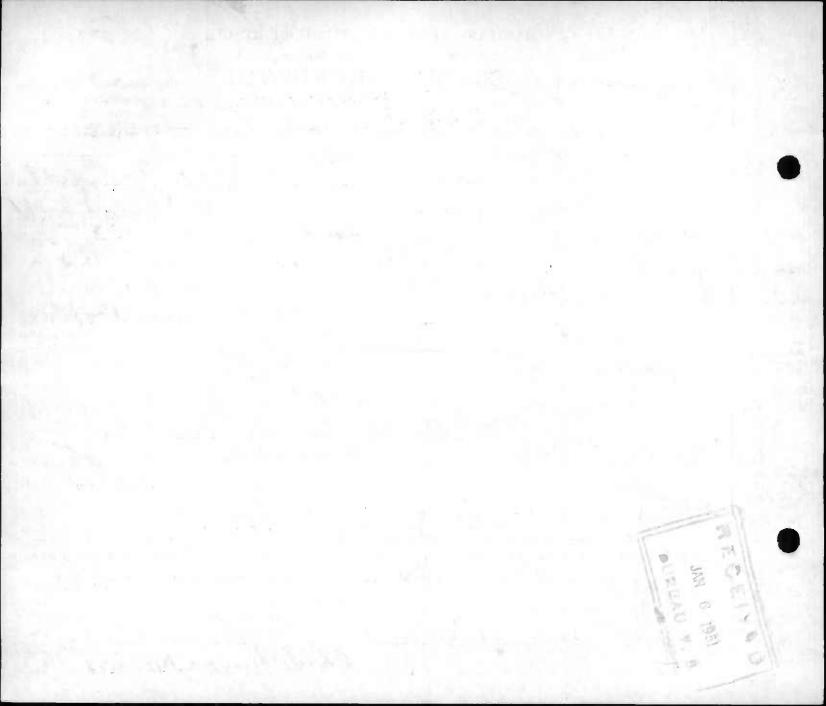
VS. AI5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(85%

MMNO. G 130 JAN 19 1951 CERTIFICAT	TE OF DEATH Reg. Dist. N	. 265
1. PLACE OF DEATH- COUNTY COMPANY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y LEAST
OR give nearest town) OR give nearest town) OR GITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MC Chady	STREET ADDRESS 222 h From	withst
S. NAME OF (First) (Middle) DECEASED (Type or Print) Acher	(Last) 4. DATE (Month) OF DEATH ACK	(Day) (Year) 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1. 172	7/2 27-1924 26 yrs. Months	r 1 year If under 24 hrs. Hours Min.
done during most of working life, even if retired). INDUSTRY	Basheld tomersel Mi	2. CITIZEN OF WHAT COUNTRY?
John H Gerans	Annie & Miles	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	John H. Evous a	Erefeld mo
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral	. Апока	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Portal of entry - s	small wound right forearm	6 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	s prior to onset of illness (1/22/51 akc)	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	Crisfield Somerse) (STATE) Marylo
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	burning self on stove	V
alive on	15	
Clauta Malcarney Mattax M.D. 23. BURJAL, CREMATION DATE NAME OF CEMETE		on 2,195/ (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1/2 / 5.	24. FUNDRAL DIRECTOR	ADDRESS ADDRESS



VS. A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

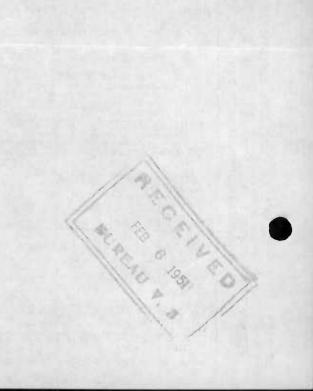
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH- COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY				
	Town Crisfield			
HOSPITAL OR MCCready Hospital STREET ADDRESS	STREET (If rural, give location) ADDRESS Gandy Ave.			
(Type or Frint)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Jan . 27, 1951 19			
(bpecity)	8. DATE OF BIRTH 62 yrs. If under 1 year Months Days If under 24 hrs.			
done during most of working life, evon if retired) 10b. Kind of Business of Business of Painting Painting				
73. FATHER'S NAME 711liam Ford	14. MOTHER'S MAIDEN NAME Grace Lankford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	rs. Loude Ford Crisfield, Ld.			
18. MEDICAL CEI	RTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset and Deate			
160 × Immediate cause (a)				
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	mellitus years			
stating the underlying cause last (c)	e 2 wks.			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No X			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from and a land alive on alive on 19.5., 19.5., and that death occurred at SIGNATURE HOLDER MALLON MALLON THE THE POOR AND OF CENTERS.	195/, to lev 27., 195/, that I last saw the deceased 25. A. m., from the causes and on the date stated above. ADDRESS (State)			
DATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE	Cemetery Crisfield, Md. V 24. FUNERAL DIRECTOR ADDRESS			
REG. 1/30/51 Betty W- Tyler	Bradshaw Funeral Parlors, Crisfield			
	5-10/01/1			



2411 N. Charles Street, Baltimore

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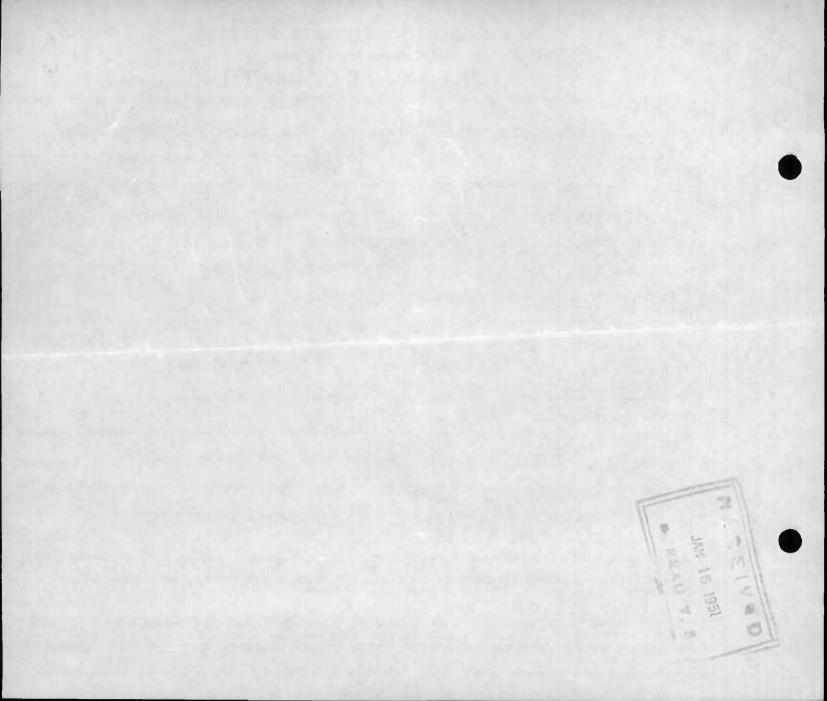
CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY Somerset MARYLAND	STATE Mary land Some rset COUNTY			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)			
OR give nearest town) Rural (in this place)	OR Rural Crisfield			
TIOCOVER I (A)	STREET (If rural, give location)			
INSTITUTION OR Crisilela	ADDRESS			
STREET ADDRESS				
3. NAME OF CFirst) DECEASED RAYMOND LE	OX WELL 4. DATE James, 19 Pry) (Year)			
(Type of trint)	DEATH 19			
6. COLOR OR RACE 7. SINGLE, MARRIED, WILD WILD DIVORCED, (Specify) INC.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr Months Days Hours Min.			
(Specify)Indi I Ieu	yra.			
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT			
done during most of working life, even if retired) INDUSTRY5hipbuildi	ng Wicomico County, Ind. COUNTRY?			
THE WATER AND ADDRESS OF THE PARTY.	14. MOTHER'S MAIDEN NAME POWell			
John L. Foxwell	Plorence A. Powell			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
(Yes, no or unknown) (If yes, give war or dates of	rs. Susio FoxwellRural, Crisfield			
IES (service) WWI				
18. MEDICAL CEI	RTIFICATION INTERVAL BETWEEN			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE			
Coronary	Throughosis 3.6.			
Immediate cause (a) Coron way	women out			
1 - x				
Antecedent cause(s) Diseases or conditions, if any. (b) Welleric sel	cross generalised you			
giving rise to the above cause				
stating the underlying cause last	10			
(c) /tejatutus, t	werne, Clomerular.			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	0 110 00 00 00 2			
related to the disease or condition causing death.	Meer Grome, active,			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	Yes No 🗆			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)			
SUICIDE OF office bldg., etc.) HOMICIDE INJURY				
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?			
OF While at Not While				
INJURY m. Work At work				
22. I hereby certify that I attended the deceased from 22.	- 1949 to Jam 7 1957 that I lost some the deceased			
// ~ = /	2.41 .0 //			
alive on Jam 19.3 , and that death occurred at 1				
SIGNATURE: (Degree or title)	_ADDRESS _ DATE SIGNED			
all thouses min	IV. D. Oal			
6 10. 11 away 11.0.	Markella.			
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)			
burial (Specify) Jan. 10. 1951 St. Paul's	Cemetery Marion, maryland			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS			
REG. 1/10/51 Bett W. Tyler)	radshaw Funeral Parlors, Crisfield			
	5/0 378			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

The correct age



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

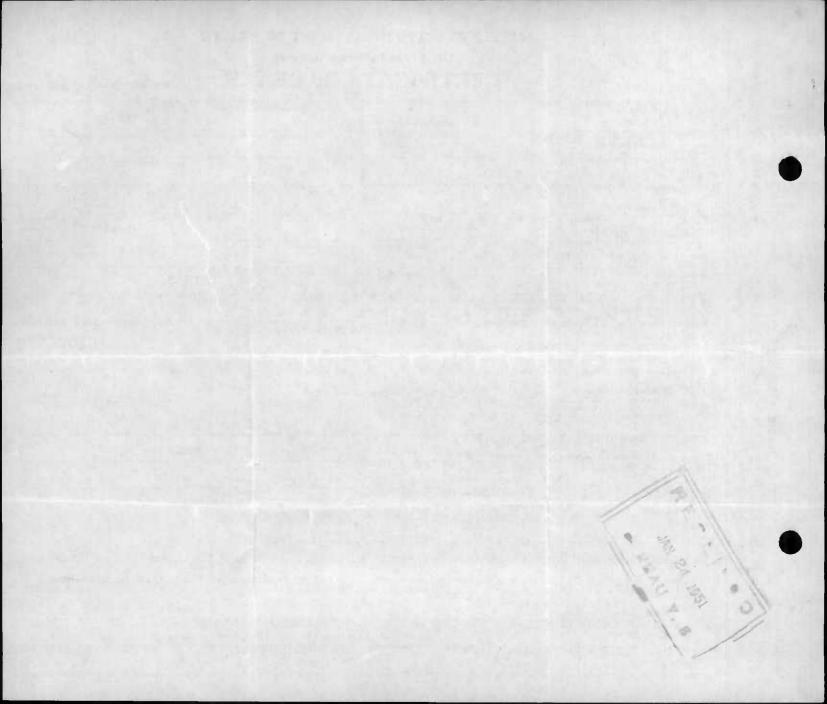
Reg. Dist. No. 265

I. PLACE OF DEAT	н.		2. USUAL RESIDENCE (HOME) OF DECEASE	D. COUNTY
COUNTY SOME	orporate limits, write RUR	MARYLAND AL and LENGTH OF STAY			L and give nearest town)
OR givo neares	town) Crisfield	4(In this place)	OR Mari	on Station	
HOSPITAL OR INSTITUTION O STREET ADDRE	R hadready		STREET ADDRESS	(If rural, give lo	cation)
3. NAME OF DECEASED (Type or Print)	B SSIE		LAND Clast)	OF DEATH	onth) (Day) (Year) .16,1951 19
female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) IAS TILE (S. DATE OF BIRTH Dec.1,1879	71 ym.	If under I year If under 24 hr Months Days Hours Min
done during most of	ATION (Give kind of work working life, even if retired)	INDUSTRY DOMESTIC	Somerset Cou	nty, .d.	12. CITIZEN OF WHAT
13. FATHER'S NAM		Adams		le rarks	
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No.	tewart noil	ADDRESS nuMari on	, L.d.
		18. MEDICAL CE	ERTIFICATION		INTERVAL BETWEEN
	ONDITIONS DIRECTLY	Leut Del ?	Hunt On	eluny Edec	ONGOING AND DEAD
Diseases or giving rise	nt cause(s) conditions, if any, to the above cause	listimal a			Hologo
TE OTHER STONES	(c) ICANT CONDITIONS	<u> </u>			1
Conditions contrib	uting to the death hut not	Clime Oil vey	lut myand	ets Deslik ?	well holls.
19a. DATE OF OPI	ERATION 19b. MAJOR I	FINDINGS OF OPERATION	/		20. AUTOPSY?
CI. ACCIDENT SUICIDE HOMICIDE					COUNTY) (STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
22. I hereby cer	tify that I attended th	e deceased from Sow . 1	2, 1931, to Jaio	16, 19.5.1., that	I last saw the deceased
alive op	w /6 , 19.51 , ar	d that death occurred at	ADDRESS	~ - A	date stated above. DATE SIGNED
Kung	C. bullmis		morron (
23. BURIAL, CREA	elly) pan. 19,	19503t. Paul's	Cemetery	LOCATION (City, town	yle nd
DATE REC'D BY	LOCAL REGISTRAR'S	y massey	24. FUNERAL DIRECT Bradshaw Fur	eral Parla	rs, Crisfiels

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING

MARGIN

VS. A15



2411 N. Charles Street, Baitimore

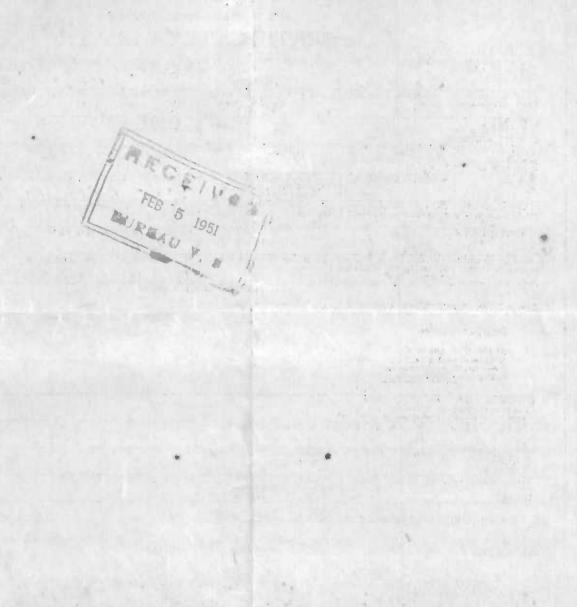
Evidence for change in 9 shown on:

CEDTIFICATE OF DEATH

MANO. G 130 FEB 8 1957	Reg. Dist. No.21.19	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Some	. 4
CITY (If outside corporate limits, write RURAL and OR givo nearest town) Why with the corporate limits, write RURAL and I LENGTH OF STAY (in this place).	CITY (If outside corporate limits, write RURAL and give nearest tow	7.02.E.
HOSPITAL OR INSTITUTION OR	TOWN / (If rural, give location) ADDRESS	
STREET ADDRESS 3. NAME OF (First) (Middle)	(Last) / 4. DATE (Month) (Day)	(Year)
(Type or Print) Tynnel Ethas	MEdning DEATH Jan. 31	195/
6. GOLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, BIVORCED, (Specify)	9. AGE last hirthday If under I year If under Months Days Hour	Min.
10a. USUAL OCCUPATION (Give kied of work done during most of working life, eyen if retired) 10b. Kind of Business on Industry Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRY?	WHAT
Even merran	Wary Ruslen	
15. WAS DECRASED EVER IN U.S. ATMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	Murricy Mc Intipe millers	m M
18. MEDICAL CE	ERTIFICATION INTERVAL B	a mercena
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH
Immediate cause (a) feneral ill	atestilei Calculation nul	en
Antecedent cause(s)	Carrier Lever gul	2
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c) 11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTO	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STAT	No 🔁
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCURRED Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from.	7., 195, to Jand. 3 /, 195, that I last saw the dec	ceased
alive on	/ **- / /	e.
Heer. (D. Wheelore.	Cruse on soing 42	407
BEMOVAL (Specify)	sessal (smeters) Mt Herman m	State)
DATE REC'D BY EDCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

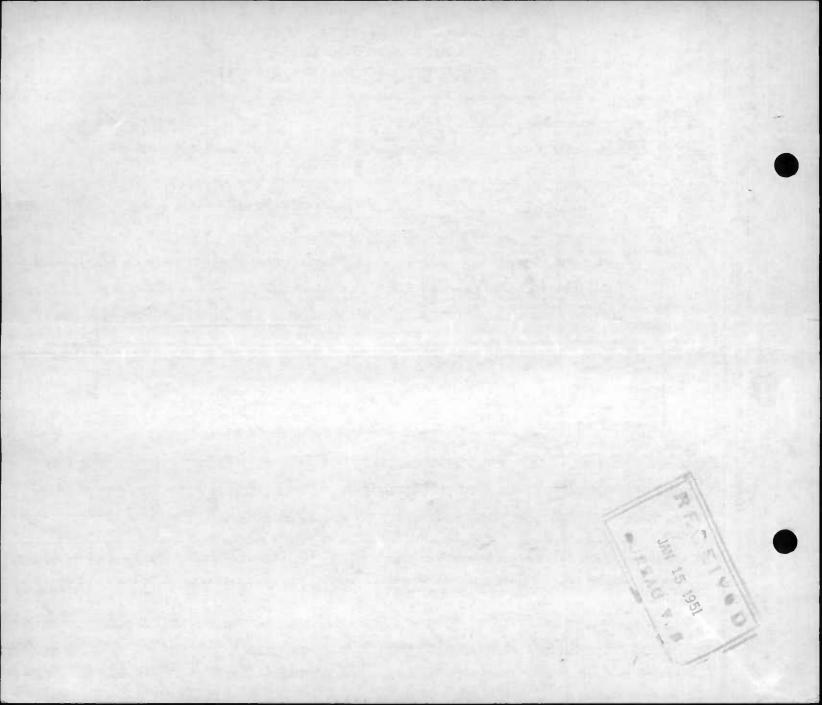
S. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26/

I. PLACE OF DEATH-	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASED.	NTY
CITY (If outside corporate limits, write RURA) OR give nearest town) TOWN	LENGTH OF STAY (in this place)	TOWN //	e limits, write RURAL an	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	. 0	STREET ADDRESS	(If rural, give location	1)
3. NAME OF DECRASED (First) (Type or Print)	(Middle)	rilbourne	4. DATE (Month) OF DEATH	(Day) (Year)
	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	hat 17-1905	AGE last bir day If ur Mon	der 1 year If under 24 hfs. ths. Days Hours Min.
106. USUAL OCCUPATION (Give kind of work done during most of working tile, even if retired)		Manual (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME (Milliam M	Mourt	14. MOTHER'S MAIDEN	Strekly	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. 212-14-4340	John Mil	bourn Mc	sumsco bid
I. DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
430.) Immediate cause (a)	earnary O	nene.	00 0000	******** *****************************
Antecedent cause(s)	Elronic m	years Lete	- J- Celiana	· year
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Int	nephretis	1	two
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				37 00 00 90 00000 1,000 yrs 20 million army p. mil
19a. DATE OF OPERATION 19b. MAJOR FI	NDINGS OF OPERATION		*	20. AUTOPSY?
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJUH	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR TO	WN) (COUN	TY) (STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work	HOW DID MJURY OCC	UR?	
22. I hereby certify that I attended the	0. 4	, 1951, to Jan 7	, 195 , that I la	st saw the deceased
alive on 7, 1957, and SIGNATURE	that death occurred at	3.20 P.m., from the capable Address	auses and on the date	e stated above. DATE SIGNED
Tenge 6.6 oulles	in and	masuri of	mi	1/10/51
23. BURIAL, CREMATION DATE REPOVAL (Specify)	NAME OF CEMETER	RY OR CREMATORY LO	CATION (City, town, or c	ounty) (State)
DATE REC'D BY LOCAL I REGISTRAR'S S	THE PARK TO	24. FUNERAL DIRECTOR	aussico M	ADDRESS ME



The correct age

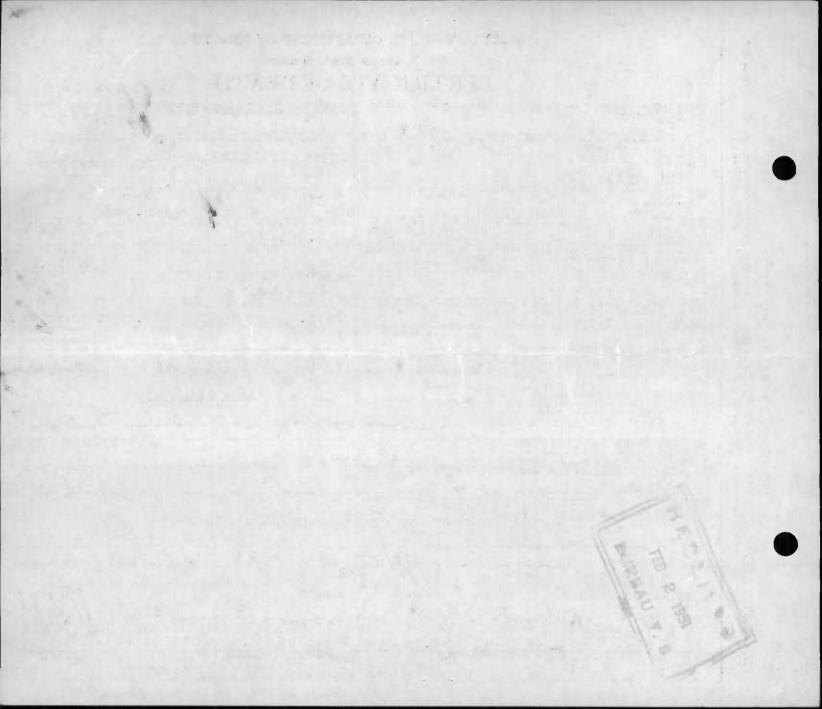
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

leg. Dist. No. 260

1. PLACE OF DEATH	. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED.				
County	set	MARYLAND	Maryland	Somerset	COUNTY
CITY (If outside co	orporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpor	rate limits, write RURA	L and give nearest town)
OR give nearest TOWN Prir	ncess Anne	55 years	TOWN Prince	ess Anne	
HOSPITAL OR			STREET	(If rural, give lo	eation)
INSTITUTION OF STREET ADDRESS	ss Antioch Av	ve	ADDRESS Anti	och ve.	
3. NAME OF	(First)	(Mlddle)	(Last)		onth) (Day) (Year)
(Type or Print)	Herman	Stanley M	uir	OF DEATH Jan.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH		If under 1 year If under 24 hrs.
male	white	WIDOWED, DIVORCED, (Specify) MIAT PICO	Jan.30,1897	53 yrs.	Months Days Hours Min.
done during most of w	ATION (Give kind of work vorking life, even if retired)	IOb. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
mechanie	9	boby works	Maryland		GOUNTRY? A.
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	
Harry			Anna Sext		
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND		A
110	service) 110	no no	Capt. Herman	n Muir, JR.	Pr. Anne, Md.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		C. D: 20.0.	I Day I	0.100	1200/6.
Immediate	e cause (a)	Caraco asp	race cy	acce	2
162x Anteceder	nt cause(s)	5 00	R. 710	00	
Diseases or o	conditions, if any, (b)	Cycensive	Juro nea	your	
470 giving rise to	the above cause inderlying cause last	0	142711	-60	7
	(c)	Cance	vertex w	con / mose	zom cz
II. OTHER SIGNIFI	CANT CONDITIONS				
	iting to the death hut not se or condition causing deat	h. No	ne en		
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
none		none			Yes No No
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR	TOWN) (C	COUNTY) (STATE)
HOMICIDE 1		RY RY	ie no	18)	
TIME (Month) OF	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CCUR?	
INJURY	roue m.	Work At work			
22. I hereby certi	ify that I attended the	e deceased from 11/29	, 1950, to 1/28	195, that	I last saw the deceased
1/	27 .51	d that death occurred at 3.			
alive onl./	100, an	d that death occurred at (Degree or title)	ADDRESS	e causes and on the	date stated above. DATE SIGNED
Kokeit	- Callert	T. M.D. Gr	unes a	une El	4. 1/29/51
23. BURIAL, CREM. REMOVAL (Spec	ify)	Class Amalanaus	RY OR CREMATORY Cematery	Princess	
DATE REC'D BY	Inc 30 - 19		24 TUNERAL DIRECTO		ADDRESS
REG.	-1 12/1/	1 m 100 10	7.00	M. Vaca	AD DIEDO
1/20/3	5/ // //	BUNGON UNIN	June 11	1 min	
	V	12	14		



VS. A15

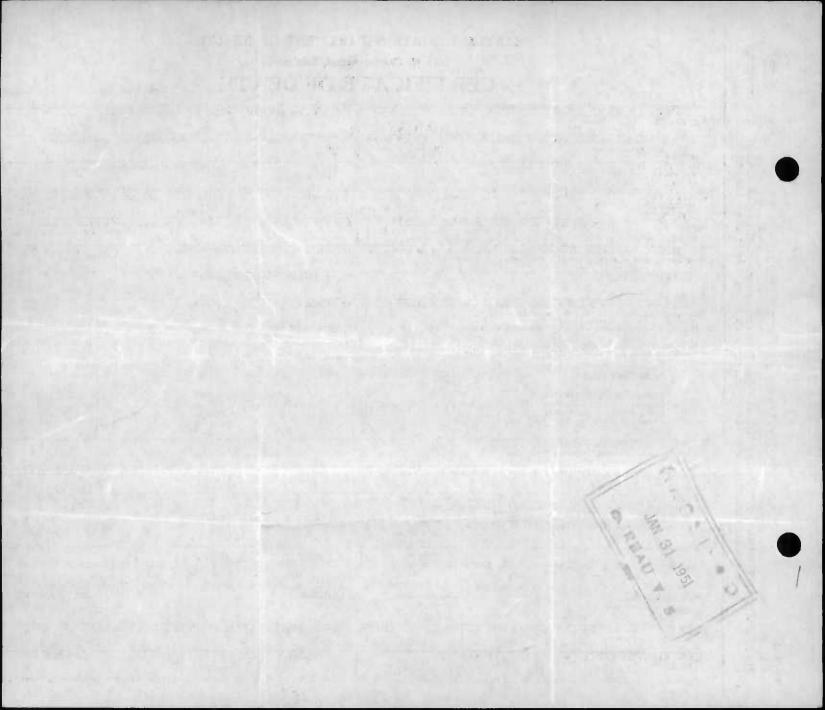
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Musmail
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS / Nunsung Home	STREET ADDRESS Qual. (If rural, give location)	/
3. NAME OF (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) 24 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	2 Africa 19 yrs. Months	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kind of Business or Lunustry	11. BIRTHPLACE (State or foreign country) 12 Monysond,	OITIZEN OF WHAT
13. FATHER'S NAME! West.	Mory aliphont	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (Ilyes, give war or dates of service)	Civeland Twilley Willo	rds md.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cent Die 7 74	end there.	/ weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Falera	
II. OTHER SIGNIFICANT CONDITIONS/ Conditions contributing to the death but not related to the disease or condition causing death.	Feeling V	
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
ans 1		Yes 🗆 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) NJURY (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	= = 0	
alive on Au. 4, 1951, and that death occurred at	ADDRESS from the causes and on the date str	ated above. DATE SIGNED
Lung to brillium mx		2551
REMOVAL (Specify) /-28-51 Line Cy	RY OR CREMATORY LOCATION (City, town, or count	meh
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. /27/5/ Belly Massey	Ms. M. Jasha Watson	Selbyrelle
		1 11.1

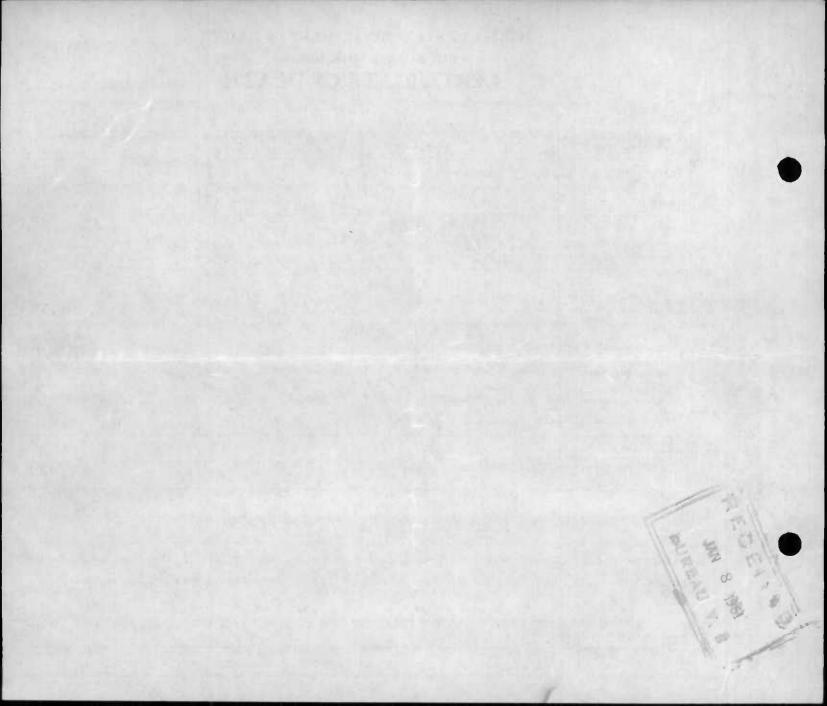


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH	erset		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Lary land Somer se t COUNTY			
CITY (If outside c		MARYLAND AL and LENGTH OF STAY (in this place)	Y CITY (If outside corporate limits, write RURAL and give pearest town)			
HOSPITAL OR INSTITUTION OF STREET ADDRE	R McCready		STREET	OBERE AVE	ocation)	
3. NAME OF DECEASED (Type or Print)	CHARLES	(Middle)	(Lest)	OF DEATH Jan.		19
6. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Married	1 - 1 77 700	9. AGE last birthday 5 54 yrs.	If under I year Montha Days	Hours Min.
done during most of	ATION (Give kind of work vorking life, even if retired)		Crisfield,		12. CIT COUN	TEY?
13. FATHER'S NAM			14. MOTHER'S MAIDEN			
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates service)	of 16. Social Security No.	17. INFORMANT AND	Address Ches	sapeake Field,	Aye, Ext
		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	acidais			ERVAL BETWEEN
Anteceder Diseases or	Immediate cause (a) Werner Antecedent cause(s) Diseases or conditions, if any, (b) Chronic Glomerulonephritis under.					
131 S giving rise to stating the u	o the above cause anderlying cause last (c)	1				
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing dea	th.				
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			20.	AUTOPSYT
					Y	es 🛘 No 💢
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR T		COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?		
22. I hereby cert		ne deceased from Dec. 2	3. 2 - 4 //			
alive on	Harry M	and that death occurred at (Degree or title)	ADDRESS Cresbul	causes and on the	e date stated D	above. ATE SIGNED
23. BURIAL, CREM		NAME OF CEMETE 1950 Crisfield	Cemetery Pr	OCATION (City, tow	vn, or county)	(State)
DATE REC'D BY REG.		SIGNATURE	24. FUNERAL DIRECTO	ral Parlo		DDRESS Sfield
		1 0		3	550816	0



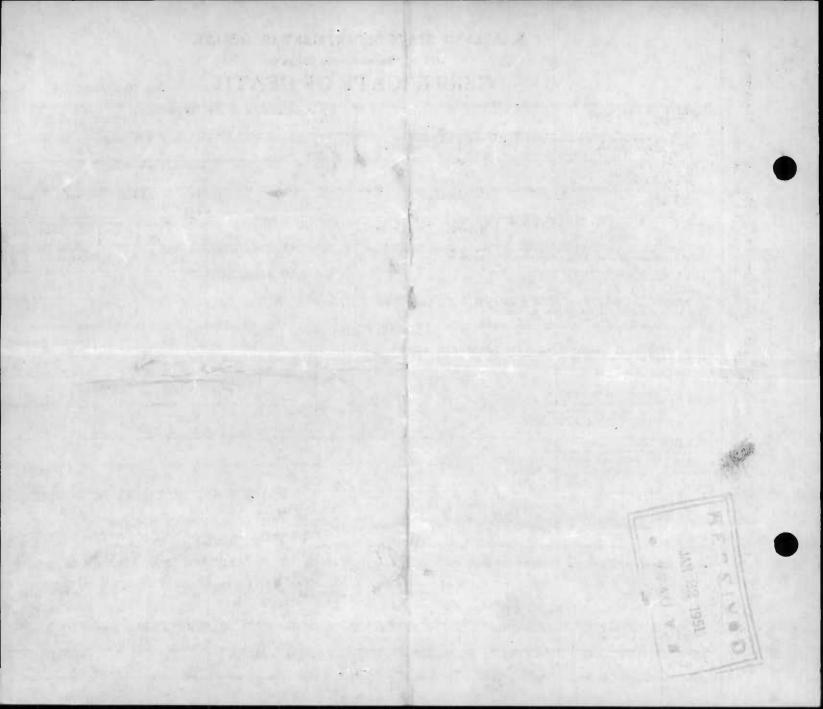
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	teg. Dist. 1	10. H. J
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED.	/
COUNTY MARYLAND	STATE Maryland COUNT	eust-
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and g	
OR give nearest town? TOWN PANON MAL GIR This place)	TOWN Kuha Q	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS .	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Quila,	eters OF DEATH /-	16 1951
b. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE iast hirthday If under	l year ill under 24 hrs.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	7-12-1888 62 yrs. Months	Days Hours Min.
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
harvasue Look	Somerset County maryland	COUNTRY! A.
13. FATHER NAME	14. MOTHER'S MAIDEN NAME	
slanly Tulas	Sarah. Donnar	_
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	10 1 0
(res, no, or unknown) (ar yes, give war or dates or	Sarah Hornantill	cester Tra.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
0 - 1,	. A A . L.	
Immediate cause (a) General M	elastelei	nuleur
174x Antecedent cause(s)		
Diseases or conditions, if any, (b)	ma rterus	Hulwan
giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
OCT, 1950 melierable Co	Brangemen	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	
SUICIDE OF office hldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
DAL	1 1/2 5/	
22. I hereby certify that I attended the deceased from	, 190.O., to 190	saw the deceased
alive on the Mark of the death accurred at A	m from the source and on the date a	total shows
alive on 1957, and that death occurred at SIGNATURE	ADDRESS	DATE SIGNED
The AKUTION OF 21.	5. 0	1/.
o vier . 10/1 was eg ni	D. VIncer Ce.	18h
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or cour	nty) (State)
January January Land	- Uentora	ma.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
1/19/51 1. Xt. Janson Mills.	William Hames Jt, Vrucce	so were mo



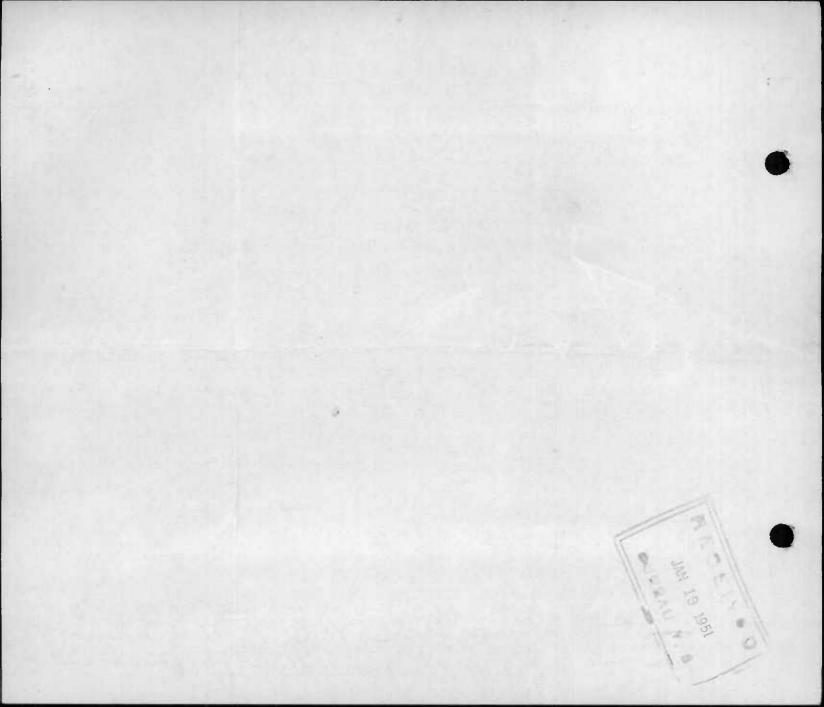
The correct

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 268

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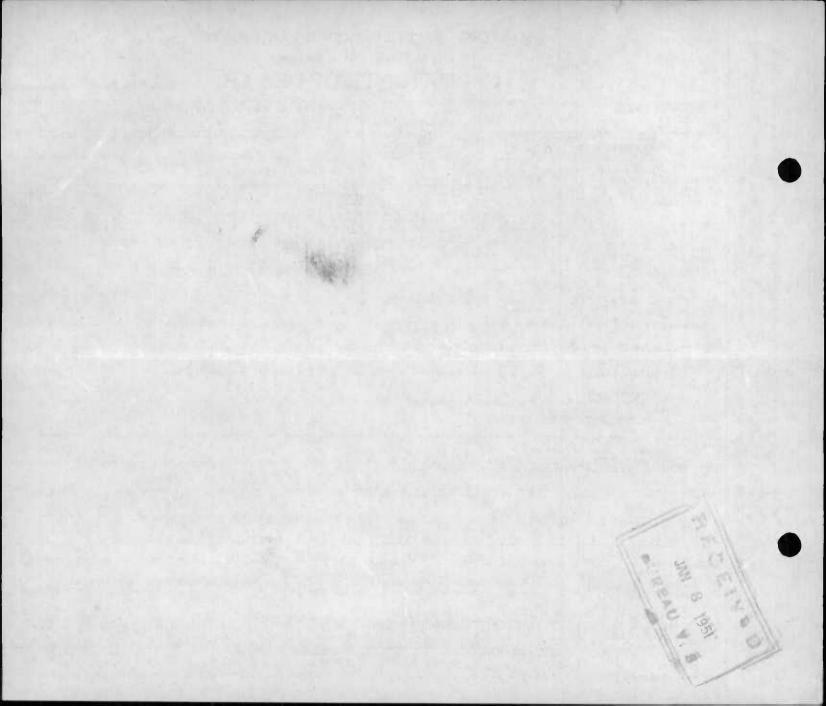
I. PLACE OF DRATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give margest 109n) (In this place)	CITY (If outside corporata limits, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (Type or Print) Carrille Preston	Webster 4. DATE (Month) (Day) (Year) OF DEATH Jon 8 196
5. SEX COLOR OR GACE 7. SINGLE, MARRIED, WIDOWED. DIVORCED, (Specify) Swores	8. BATE OF BIRTH 9. AGE last birthday If undar 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of we kind life, even if retired) 10b. KIND OF BUSINESS OR THOUSTRY Acron. Lelan	11. BIRTHPLACE (State or toyeign country) Hed COUNTRY?
13. FATHER'S NAME William Wrloter	allerta Webster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Desaul Hound (Lister)
18. MEDICAL CE	RTIFICATION
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
1/34 Immediate cause (a)	least Atrices 244
950 Diseases or conditions, if any, giving rise to the above cause stating the underlying causa last	J'es
(c)	"ENRY "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Deputy Medical
related to the disease or condition causing death.	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	for Somersel County Yes No X
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) OF office bidg., etc.) INJURY	Del Taland Somethy (STATE)
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	for Somersel County Yes No X
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes 1, accident , suicide , homicide ,	HOW DID INJURY OCCUR? Autopsy [], Inspection [X], Inquiry [X], thereon and from the evidence ased died on the dry stated above, and death in my opinion resulted
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes I, accident , suicide , homicide , SIGNATURE (Degree or title)	Autopsy [], Inspection [X. Inquiry [X. thereon and from the evidence ased died on the day stated above, and death in my opinion resulted undetermined []. DATE SIGNED
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF 1NJURY 22. I certify that I took charge of the remains described above, held an Acobtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes 1, accident , suicide , homicide , SIGNATURE 23. BURIAL CRIMATION OF TETHEREOF NAME OF CRIMETE OF 10 CRIMETE CONTRIBUTION OF THE THEREOF NAME OF CRIMETE OF 10 CRIMET	Autopsy [], Inspection [X], Inquiry [X] thereon and from the evidence ased died on the day stated above, and death in my opinion resulted undetermined []. DATE SIGNED No X
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while at work at work at work obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes M., accident , suicide , homicide , signature 23. BURIAL CREATION OF THE PHEREOF NAMED OF OF THE PHE	Autopsy [], Inspection [X. Inquiry [X. thereon and from the evidence ased died on the day stated above, and death in my opinion resulted undetermined []. DATE SIGNED



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED.		
COUNTY Somerset MARYLAND			STATE Laryland Some rset COUNTY		
CITY (If outside co OR give nearest TOWN	rporate limits, write RUR. town) Crisfield	AL and LENGTH OF STAY	OR Cris	rate limits, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRES	Chesapeak		STREET Ches	apearen, give location)	
3. NAME OF DECEASED (Type or Print)	KA THR YN		ITNET'	4. DATE (Month) OF DEATH Jan. 1,	(Dsy) (Year) 19 51 19
female	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	s. DATE OF BIRTH	yrs.	Days Hours Min.
done during most of w	TION (Give kind of work orking life, even if retired)	INDUSTRY DOMESTIC	11. BIRTHPLACE (State Bwell, Mary	land	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	Charles I	ewis	MOTHER'S MAIDEN	eley	
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES (If yes, give war or dates of service)		WITTON ANTI THE	ADDRESS SAPERIE	Aye.
		18. MEDICAL CE	RTIFICATION		1.
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		111	. ~ /		
Immediate	cause (a)	herene	with the	mark free	
OUX Anteceden	t cause(s)	c	. / 011		
Diseases or c	onditions, if any, (b)	Eulayad You	mr - she	<u> </u>	
13 stating the un	nderlying cause last	,			1
	(c)				MUA
related to the disease	ting to the death hut not se or condition causing deat		ia Vera -		
19a. DATE OF OPEI	RATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
			COUNTY OF	mount.	Yes No D
21. ACCIDENT SUICIDE HOMICIDE	OF		(CITY OR		(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCURI	
22. I hereby certi	fy that I attended th	e deceased from	, 19.50, to	.J., 19.57, that I last	saw the deceased
alive on.	19.57, ar	d that death occurred at (Degree or title)	9. A. m., from the	e causes and on the date s	tated above. DATE SIGNED
S. m.	Penter	Lea- D	Cartue	I. Kul	
23. BURIAL, CREM.					Jan. 3, 195
REMOVAL (Spec	ATION DATE THERE		Cemeteryh		rvland
DATE REC'D BK I	Isn. 3,	1951 Sunnyridge	Cemeteryn		rvland



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	
MARYLAND	- Urginea	
OR givo negret town)	OR (If outside to porate limits, write RURAL and give nearest town))
TOWN (NISKIELC)	TOWN ander	
HOSPITAL OR INSTITUTION OR OF CO.	ADDRESS (If rural, give location)	1
STREET ADDRESS / = Cready Hosp.	ausier,	/
3. NAME OF (First) (Middle)	(Last) O 4. DATE (Month) (Day) ((Year)
DECEASED (Type or Print) Leter Pressette Will	lians DEATH an. 13	195/
6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE is t birthday If under 1 year If under	24 hrs.
male white (Specify) / derver	aug 2), 18) 1 9 yrs. Months Days Hours	Min.
10. HOLLAY OCCUID TOLON (Cinc bind of month 10h Ways of Description on	11. BOTHPLACE (State or foreign country) 12. CITIZEN OF	WHAT
done during most of working life, even if retired) INDUSTRY	alsourester Co. Versinia COUNTRY	SA.
done during most of working life, even in retired) INDUSTRY 13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME	
Penters Williams		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, of unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
(Yes, no, of unknown) (If yes, give war or dates of service)	Hormer 11/18/12 Janguer.	Va
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BET	
A DISTANCE OF CONTENTS DESCRIPTION TO DESCRIPTION TO	THE CONSIDER AND I	DEATH
Immediate cause (a) Cor an oug	Ulrambosis 1/2 6	us,
177 × Antecedent cause(s)	140.	- 4
Diseases or conditions, if any, (b)	Cerosis - year	S
5/ L giving rise to the above cause stating the underlying cause last		
(c) Careinon	a prostate 1/2 4	ca.
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	ana or tumor of bladder. 1/2 4	vs.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPS	3Y?
	Yes 🗆	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)	
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
• •	A	
22. I hereby certify that I attended the deceased from	, 19.4.7., to, 19.3./., that I last saw the deces	ased
. 01.13 .0 51	730 p	
alive on Jan 13., 19. 7., and that death occurred at	ADDRESS DATE SIGN	NET
SIGNATORA (Social Mass)	d' De not 7	MED
Kawley M.C.	Criskeld 1 Md	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOGATION (City, town, or county) // (Sta	ite)
REMOVAL (Specify) an. 17,1951 Junish	widow (martet) Marida	d
DATE REC'D BY LOCAL WREGISTRAM'S SIGNATURE	24 FUNERAL DIRECTOR	
REG. 1/15-150 Bett. W. Tyler	Verword & Compater Cristield)	nd
	The state of the s	110
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